

UNITED STATES DISTRICT COURT
for the
DISTRICT OF MASSACHUSETTS

DAVIDE SUSI

Plaintiff

v.

Civil Action No.:
1:21-CV-10595-ADB

LOUIS DEJOY, ET AL.

Defendant

SUMMONS IN A CIVIL ACTION

To: (*Defendant's name and address*)

Civil Process Clerk
United States Attorney's Office
District of Massachusetts One Courthouse Way, Boston, MA 02210

A lawsuit has been filed against (the United States Postal Service):.

Within 21 days after service of this summons on you (not counting the day you received it) --- or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) --- you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

ROBERT M. FARRELL

CLERK OF COURT

/s/ - Arnold Pacho

Signature of Clerk or Deputy Clerk



UNITED STATES DISTRICT COURT
for the
DISTRICT OF MASSACHUSETTS

DAVIDE SUSI

Plaintiff

v.

Civil Action No.:
1:21-CV-10595-ADB

LOUIS DEJOY, ET AL.

Defendant

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address)

Lous De Joy, as he is Postmaster General
United States Postal Service
475 L'Enfant Plaza, SW Washington, D.C. 20260

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) --- or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) --- you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

ROBERT M. FARRELL

CLERK OF COURT

/s/ - Arnold Pacho

Signature of Clerk or Deputy Clerk



UNITED STATES DISTRICT COURT
for the
DISTRICT OF MASSACHUSETTS

DAVIDE SUSI

Plaintiff

v.

Civil Action No.:
1:21-CV-10595-ADB

LOUIS DEJOY, ET AL.

Defendant

SUMMONS IN A CIVIL ACTION

To: (*Defendant's name and address*)

Merrick Garland, Esq.
Attorney General of the United States
U.S. Department of Justice
950 Pennsylvania Avenue, NW
Washington, DC 20530-0001

A lawsuit has been filed against (the United States Postal Service):.

Within 21 days after service of this summons on you (not counting the day you received it) --- or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) --- you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

ROBERT M. FARRELL

CLERK OF COURT

/s/ - Arnold Pacho

Signature of Clerk or Deputy Clerk



Civil Action No.: 1:21-CV-10595-ADB

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for (name of individual and title, if any) _____
was received by me on (date) _____.

I personally served the summons on the individual at (place) _____
_____ on (date) _____ ; or

I left the summons at the individual's residence or usual place of abode with (name) _____
_____, a person of suitable age and discretion who resides there,
on (date) _____, and mailed a copy to the individual's last known address; or

I served the summons on (name of individual) _____, who is
designated by law to accept service of process on behalf of (name of organization) _____
_____ on (date) _____ ; or

I returned the summons unexecuted because _____ ; or

Other (specify): *Pursuant to Fed. R. Civ. P. 4 (l)(1)(A)(B)(C)
Green card proof of service attached.*

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ _____.

I declare under penalty of perjury that this information is true.

Server's Signature

Printed name and title

Server's Address

Additional information regarding attempted service, etc:

- I Complete items 1, 2, and 3.
- I Print your name and address on the reverse so that we can return the card to you.
- I Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

*Paul DeJoy
POSTMASTER
4951 ENFANT PLZ SW
WASHINGTON DC 20260*



9590 9402 5585 9274 0486 18

Article Number (Transfer from service label)

7020 1810 0001 2416 8029

COMPLETE THIS SECTION ON DELIVERY

A. Signature

REC'D BY
Office of the PMG**X**

Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Mail	
<input type="checkbox"/> Mail Restricted Delivery	
<input type="checkbox"/> 500	

S Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

ENDER: COMPLETE THIS SECTION

- I Complete items 1, 2, and 3.
- I Print your name and address on the reverse so that we can return the card to you.
- I Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

*U.S. ATTY
ONE COURTHOUSE
BOSTON 02210*



9590 9402 6718 1060 0389 67

Article Number (Transfer from service label)

7020 1810 0001 2416 8012

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Paul Agent Addressee

B. Received by (Printed Name)

L. Paulsen

C. Date of Delivery

413021

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Collect on Delivery Restricted Delivery	
<input type="checkbox"/> Mail	
<input type="checkbox"/> Mail Restricted Delivery	
<input type="checkbox"/> 500	

S Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

ENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

*ATTY GEN'L GARLAND
950 PENNSYLVANIA AVE. NW
WASHINGTON, DC 20530-0001*



9590 9402 6718 1060 0389 74

Article Number (Transfer from service label)

70 1810 0001 2417 5041

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Agent Addressee

B. Received by (Printed Name)

JUL 06 2021

C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Collect on Delivery Restricted Delivery	
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	

S Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt